MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/806925	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DEP.
1	/						51		/				
2		/					52						
3		/					53						
4							54						
5							55						
6		/					56						
7							57						
8		4					58						
9		8					59						
10		8					60						
11		/					61						
12		/					62						
13		4					63						
14		8					64						
15		8					65						
16	/						66						
17							67						
18							68						
19		/					69						
20							70						
21		/					71						
22		/					72						
23		4					73						
24		8					74						
25		8					75						
26		/					76						
27							77						
28		/					78						
29		8					79						
30		8					80						
31	/						81						
32		/					82						
33							83						
34		/					84						
35							85						
36		/					86						
37		/					87						
38		4					88						
39		8					89						
40		8					90						
41							91						
42		/					92						
43		/					93						
44		5					94						
45		8					95						
46							96						
47		/					97						
48							98						
49		/					99						
50		/					100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	56						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						

O-1366-(3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE